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ABSTRACT

This fourth chapter in "Elementary School Counseling in a Changing World" contains four journal articles which focus on the issues of child abuse and neglect. "Parent Support Groups to Prevent Child Abuse" by C. Jerry Downing describes a training and supervision model developed by a parent support group for potentially abusive parents in collaboration with a training and supervision team consisting of a counselor educator, two school counselors, and a nurse practitioner. "A Profile of the Physical Abusers of Children" by Pat Alford, Don Martin, and Maggie Martin reviews the literature to develop a profile of a child abuser and discusses implications for school counselors. "A Preventative Approach to Child Sexual Abuse" by Ann Vernon and Jill Hay describes a sexual abuse prevention program which includes lessons on six different components of sexual abuse and which was designed for children in grades one through six. "Counseling Child Sexual Abuse Victims: Myths and Realities" by Lynn England and Charles Thompson describes the nature and prevalence of child sexual abuse, examines myths and realities about the topic, and presents recommendations for interviewing suspected victims of child sexual abuse. The chapter concludes with a set of issues for elementary school counselors to consider about a world of child abuse and neglect. (NB)

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CHAPTER 4

A WORLD OF CHILD ABUSE AND NEGLECT

Child abuse and neglect are rampant in our society. This chapter on abuse includes the article "A Profile of the Physical Abusers of Children" in which the authors conclude:

> The physical abuse of children is acknowledged as a serious problem in our society, one not clearly understood by school counselors. Educators recognize that children are our most valuable resource as a nation. When children are physically abused, emotional and psychological scars are created that may last a lifetime.

In spite of maltreatment, however, healthy development may occur, provided children are surrounded by strong environmental resources and positive interpersonal interactions. This chapter suggests ways that elementary school counselors can build a positive school environment for youngsters who suffer from abuse and neglect.

Chapter 4 presents a variety of articles to aid elementary school counselors in the area of child abuse prevention and treatment. The topics include:

1. Parent support groups to prevent physical abuse of children
2. Ways to identify potential child abusers
3. Problems and possibilities with preventive sexual abuse programs
4. Myths and realities of counseling child sexual abuse victims

The articles in Chapter 4 recognize that elementary school counselors cannot work alone in preventing and treating child abuse. Counselors, of course, need to develop close working relationships with social services and other

community agencies that frequently advocate for victims of abuse and neglect. Counselors also need to work closely with teachers to help them thoroughly understand signs of abuse and to acquaint them with correct referral procedures. Counselors and teachers need to collaborate to insure that abused and neglected children experience a warm and caring environment at school. The elementary school classroom, in fact, may be the most stable setting neglected and abused children experience and may provide the empathy and positive regard needed to help children cope with their ordeal. Chapter 4 helps elementary school counselors become increasingly sensitive to the victims of abuse and to the need for effective counseling programs in this troublesome area.

Parent Support Groups to Prevent Child Abuse

C. Jerry Downing

New federal and state statutes requiring and aiding the reporting of abuse of children have contributed to an awareness of the problem (Griggs & Gale, 1977). The pressures of modern living have quite likely contributed to an increase in abusive parental behavior. The definition of child abuse has become more stringent and specific in recent years. There seems to be universal agreement among professional helpers that a child abuse problem exists in the United States today (Moore & McKee, 1979).

A new-found awareness of the extent of child abuse seems to be growing in the United States. Because child abuse is most often concealed, available statistics are uncertain; and it is difficult to determine if such behavior is actually increasing (Clarizio, Craig, & Mehrens, 1977). It is clear that a large number of children are victims of abuse. It is also evident that the professional helpers of children are almost desperate in their search for successful intervention techniques (Walters & Grusec, 1977). This article provides a description of the organization and training of a parent support group whose purpose is to help prevent child abuse in homes.

The parent support group was the brainchild of a nurse practitioner and pediatrician team, and was organized with the cooperation of school counselors, university personnel, church members, and the medical community. In their practice, the members of the medical team encountered many mothers under obvious stress. Many were mothers for the first time with little or no training in child rearing. Often these women were far from their own mothers or other support persons who could provide assistance. Other mothers presented evidence of stress related to their finances, unhappiness in their marriages, difficulties as a single parent, and personal physical concerns. The medical team became increasingly aware that although the children being seen in their office might not be abused as yet, the mothers were often very close to that point. These professionals believed many of these women would be aided by the support of a friend. This view was supported by some of the counseling literature (Slager-Jorne, 1978; Westcott, 1980). The nurse practitioner began to search for caring people who could act as friends of these women.

With the aid of a local clergyman, the nurse practitioner discovered a small group of women concerned about child abuse and willing to help. After some cursory organizational meetings, a parent support group was developed. The

initial concept involved the introduction (by a medical team colleague) of a member from the support group to possibly abusive mothers. The support group members expected to limit their activities to being a friend on call. The early response was generally positive from the mothers; however, there was soon a near panic call from the support group: "We need some training."

Requesting training assistance, the support group contacted a local university faculty member who developed a training and supervision team containing a counselor educator, two school counselors, and the nurse practitioner. Together with the parent support group, they developed a training and supervision model.

Training Program

Format

The parent support group agreed on a series of weekly evening meetings, augmented with two all-day Saturday training sessions. The local school district provided a meeting place affording comfort and privacy.

Purpose

The training team believed it was critical that the parent support group establish clearly the purpose of the group and its support activities. Three aspects of this phase of training seem important. First, the determination of purpose needed to surface from the support group. Second, all members of the group needed to be in agreement as to the purpose. Finally, the specifics of the purpose needed to be defined in terms of member behavior.

Two evening meetings were spent in a problem-solving process to clarify the group's purpose. This process resulted in a purpose of establishing supportive friendships with the assigned mothers. Such friendship efforts would include the following: social contacts, listening actively to concerns, sharing general child care tips—experiences, and referral encouragement when concerns developed.

During the purpose-determination process, it became apparent to the training team that some attitudinal matters needed to be resolved. Some of the support group members viewed child abusers as highly disturbed people in need of intensive psychotherapy. Other members saw abusive mothers as persons in need of their pity. As a result, the first part of the training was devoted to assisting the parent support group members in becoming aware of their own attitudes toward child abusers.

Attitudes

The first step in this training phase involved the member exposure to some of the professional literature related to child abuse. The support group devoured the available literature related to child abuse, child rearing, and relationship development. Bibliotherapy in counseling has proven helpful in assisting abused children understand their ideas and feelings about themselves (Watson, 1980). In this situation, the literature seemed to be of assistance to helpers as well.

A structured group activity (Pfeiffer & Jones, 1975) was used to identify strongly held attitudes regarding child abusers. The results of this exercise indicated a variety of attitudes held by the support group members. These were summarized as follows:

- Child abusers are just people like us.
- Child abusers have specific problems or needs.
- Child abusers should be objects of our sympathy.
- Child abusers are repulsive animals.

This identification of attitudes exercise led to some active discussion of causes of child abuse. The training team members were able to contribute information and experiences from their professional backgrounds. Of greater importance was the fact that the support group members shared a surprising understanding of the antecedents of abuse. All members of the support group had children of their own. All had experienced examples of severe stress related to their children. The lengthy discussion led to considerable insight into the nature of child abuse.

The support group developed a series of guidelines as a result of this discussion:

1. We will try to remember that the people we seek to help are just people like us.
2. Our task is not to solve the helpees' problems.
3. Everyone has some strength—look for it.
4. People approaching child abuse do not need our pity—they need a friend!

As the guidelines developed, group members readily identified some skill needs. The remainder of this phase of training was devoted to these minds.

Specific Skills

Listening skills were identified as a critical to a support group member. The training team used the "pattern for helping" model as presented by Gazda

(1973). Role plays, audio- and videotapes, and demonstrations were used in teaching listening skills. By far the most effective material for this group was the genuine child-rearing concerns that support group members shared with one another as they practiced their listening skills. The women seemed to have an unending supply of concerns and shared them openly.

The major stumbling block in this phase of the training had to do with problem solving. The support group members genuinely wanted to help and as a result were intent on finding solutions to the problems presented by the potentially abusive mothers. Again, the work with actual child-rearing concerns of the helpers aided with this hurdle. The support group soon realized that *they* did not need or want someone else's answer to their own problems. They wanted an opportunity to *process* the concern. As a result, they were better able to *help* the mothers seek answers of their own.

Referral sources and appropriate procedures for making referrals were other major training points. All support group members received a directory of helping service personnel in the community. The group became familiar with the directory and the services available to people in need.

For this group, the desired course of referral was through the nurse practitioner and physicians. It was assumed, however, that situations would arise in which this referral chain could not be used. The suggested technique involved a process of listening carefully to stated needs of the helpee and reflecting those needs. When the helpee clearly identified a need beyond his or her capacity for resolution, the helper learned to guide him or her in a search through the directory.

The final phase of the training involved a discussion of handling confidential information. The support group was identified as a professional colleague group for purposes of staffing. Procedures for protection of the identity of mothers to be helped were discussed and agreed upon. Because so much personal data had been shared by the group members, they could readily see the value of confidentiality.

Supervision

The key to this plan for a parent support group involved ongoing supervision. Because the nurse practitioner would make the initial introduction of helper to helpee, she was seen as the logical supervisor. Support group members checked in with the nurse practitioner on a weekly basis when working with a helpee. These contacts were usually telephone calls to brief the nurse on the status of the helping relationship.

When more detailed discussion was needed, the helper arranged to have a bag lunch meeting with the nurse practitioner in the nurse's office. This

procedure was developed as least disruptive to the office schedule, was the most readily available time, and allowed for professional confidentiality.

In addition, the parent support group asked to have a monthly supervision group meeting. These were held in members' homes on evenings when other family members would not be present. The nurse practitioner was the responsible supervisor, but usually included one or more of the school counselors in the groups.

Several benefits resulted from these sessions. First, they served a support function for the helpers. Second, they provided an excellent model for sharing case (identity protected) experience. Finally, they provided an opportunity for ongoing training activities for the support group members.

Case Example

The following case summary is presented as an example of the work being done by support group members. The parent in this example is fictitious; the concerns of the parent are taken from actual cases. This example is typical of the type of assistance the support group provides for potentially abusive parents.

Mrs. Jones sought services from the medical team shortly after the birth of her first child. Because of an upper respiratory infection, she brought her 3–week old infant to see one of the pediatricians. It became apparent that Mrs. Jones was experiencing a great deal of stress in her efforts to care for the child. The illness had increased the tension between mother and child, if for no other reason than sleep deprivation.

The nurse practitioner met with Mrs. Jones to assist her with some home care procedures. In this interview, some details of the Jones's family system were shared. The couple had moved to this community just three months before the birth of their baby. Mrs. Jones had made very few friends in the area. Mr. Jones's career caused him to be away from home an average of two nights per week. He had told his wife that he was not into babies and he expected her to take care of the infant.

To add to Mrs. Jones's problems, both sets of grandparents lived approximately 400 miles away. After the infant had been home for one week, the maternal grandmother returned to her home and Mrs. Jones was on her own.

In the opinion of the nurse practitioner, Mrs. Jones was at risk of becoming an abusive mother. The frustration levels being experienced by the mother were becoming intolerable. The mothers' physical health was questionable, and her energy level was dangerously low.

At this point, the nurse introduced Mrs. Jones to Judy, a parent support group member. For several weeks, Judy visited with Mrs. Jones on a regular basis, at least two to three times weekly. Judy was also available for telephone

conversations when needed. During this time these women became good friends. By exhibiting good listening skills, Judy was able to help Mrs. Jones vent some of her frustration, anger, and resentment. From her own experience as a mother, Judy helped Mrs. Jones acquire some effective child care procedures. Judy was also verbally active, noting the positive growth of the baby. This resulted in some reinforcement for the mother's efforts.

After approximately three months, Judy introduced Mrs. Jones to a group of women with a common interest activity. Mrs. Jones was also provided assistance in locating baby-sitting help.

Judy continued to be available for friendly visits and for telephone conversations with Mrs. Jones. Their contact, however, has gradually been reduced as Mrs. Jones has found other friends more nearly her own age.

Summary

With the cooperation of a nurse practitioner, physicians, school counselors, and interested community members, a parent support group for potentially abusive parents was established to aid in preventing child abuse. A training program was offered and continuing supervision provided. Indicators from helpers and helpees suggest this to be an effective, preventive strategy to deal with the plaguing problem of child abuse.

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A Profile of the Physical Abusers of Children

Pat Alford
Don Martin
Maggie Martin

The physical abuse of children is acknowledged as a serious problem in our society, one not clearly understood by school counselors. Educators recognize that children are our most valuable resource as a nation. When children are physically abused, emotional and psychological scars are created that may last a lifetime (Wilson, Thomas, & Schuette, 1983). It takes a conscious effort seasoned with insight and proper treatment for an abused child to grow up to be an effective parent. Thus, if violence occurs in the home, it is likely to have a major impact on the subsequent behavior of a child.

Statistics regarding child abuse are alarming. In 1978, approximately 200,000 cases of suspected child abuse and neglect were reported in America (Kempe & Kempe, 1979). The Department of Health, Education, and Welfare estimated that a more realistic figure would exceed 1 million cases per year (Camblin & Prout, 1983; Newberger, 1982). More recent estimates range from 60,000 to 4 million cases of child abuse per year (Williams & Money, 1980). The difficulty in determining the actual number of abuse cases lies in the fact that the majority of cases remain unreported. It is believed that reported cases represent only the tip of the problem (Ebeling & Hill, 1975). Professionals, such as school and medical personnel, social workers, and law enforcement officers, are reluctant to report suspected abuse. Many professionals tend to report cases as accidental; they rely on someone else who encounters the family at a later date to be more responsible than they have been. Other officials simply ignore the evidence, hoping the problem will cure itself (Helfer & Kempe, 1976).

Unfortunately many known cases proceed unchecked until the tragedy is too blatant to ignore (Ebeling & Hill, 1975). In 1981, 2,000 children were reported to have died as a direct result of parental abuse or neglect (Newberger, 1982). Buchanan and Oliver (1977) stated their belief that violence-induced handicaps should be recognized as a major cause of mental malfunctioning. It has been estimated that 25% to 30% of abused children who survive have neurological damage directly related to the abuse (Williams & Money, 1980). Buchanan and Oliver (1977) suggested that at least one-fourth of harshly attacked children become intellectually impaired, rendering them subnormal as a consequence of the battering they received.

Demographic Characteristics

Although researchers have attempted to ascertain a specific profile of the child abuser, few would argue that any one trait is inherent in this population (Bowers, 1978/1979; Kertzman, 1978/1980; Milner & Ayoub, 1980; Rosen, 1979). It seems, rather, that there are a number of stimuli frequently active within an abusive parent. The precise combinations of these factors seem to vary, and the level to which any one element contributes to the abusive pattern is inconsistent and peculiar to each situation (Helfer & Kempe, 1976).

In understanding the principal components that constitute and define the characteristics of child abusers, however, the following are especially important: (a) the majority are married adults who are living together at the time of the abuse; (b) the parents tend to marry young; (c) marital conflict is common to them; (d) a high proportion of abused children were conceived before their parents' marriage; (e) abusive parents were probably mistreated by their parents; (f) the parents are often isolated; (g) the average age of an abusive mother is 26; (h) the average age of an abusive father is 30; (i) studies yield conflicting results concerning which parent is more likely to be the active abuser; (j) the most serious injuries are inflicted by the mother; (k) the majority of abuse occurs in homes of low socioeconomic status; (l) regardless of the family's social standing, abusive families frequently experience financial distress; (m) the use of alcohol or drugs by the parents is often an agent involved in an abusive episode; and (n) the most common instrument of abuse is a hairbrush (Blumberg, 1980; Justice & Justice, 1976; Kaiser, 1977).

Violence Breeds Violence

An important trait associated with child abusers is that they were themselves victims of negative childhood experiences (McKee & Robertson, 1975). Researchers indicate that these experiences can be psychologically detrimental to the child (Rosen, 1979; Kaiser, 1977).

Child abusers may have strong, conscious desires to be good parents, but often find themselves reliving their own childhood while performing the cruel role of the parent (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). This may seem paradoxical. It could be speculated that they would rather sympathize with the abused child and henceforth vow never to put their own children through the same anguish.

The ability of formerly abused children to abuse their own children may be partly explained by the processes occurring within the abused children during the assaults. When pain is inflicted on children by their parents and when the

terrifying punishment is accompanied by an angry voice and facial expression, the children learn to fear the parent and attempt to avoid repetition of the incident that triggered the violent outburst. These children are faced with an overwhelming dilemma. They must look for care and support from the same person who victimized them.

It is hypothesized (Helfer & Kempe, 1976) that helpless children who are unable to adequately protect themselves from their oppressors identify with their attackers. By mentally assuming the role of aggressor rather than victim, they condone and incorporate the values of the victimizer into their own personality (Helfer & Kempe, 1976; Martin & Rodeheffer, 1976). The child assumes the values of an inconsistent, hostile adult. When the victims internalize their harasser's value system, they see themselves as the guilty parties who provoked the justifiable punishment. As parents, the victims conceive of their own children as naughty and deserving of severe forms of discipline (Ebeling & Hill, 1975). Indeed, investigators tend to believe that the type of care that parents received in their childhood is the most consistent predictor of how those parents will treat their children and whether the abuse will be generational in nature (Belskey, 1980).

Unrealistic Expectations of Appropriate Behavior

In many cases, abusive parents tried desperately as children to fulfill the impossible regimen imposed by their parents. Likewise, these parents tended to set unreasonable standards for their child's behavior, expecting the child to perform tasks inconsistent with normal development. For instance, a parent might tell a 6-year-old to wash and iron the family's laundry or command children to conduct themselves in ways inappropriate to their physical capabilities, such as requiring a 5-year-old to sit perfectly still watching television for 6 hours. Frequently, abusive parents are simply ignorant of what constitutes appropriate behavior in relation to normal development (Helfer & Kempe, 1976; McKee & Robertson, 1975). They do not look on children as developing human beings but instead as persons with fully integrated personalities, capable of understanding parental wishes and carrying them out.

Role-Reversal Phenomenon

Numerous clinicians have suggested that abusive parents yearn for children whom they fantasize will love and care for them, making up for all the emotional needs they were deprived of in their own childhood (Ebeling & Hill,

1975; Gaines, Sandgrund, Green, & Power, 1978). If children never grow beyond this symbiotic relationship or if they are always expected to fulfill the parasitic needs of others and never have their own needs for dependency gratified, they will incessantly seek out someone to respond to their needs. All too often, the one looked on as a "savior" by abusive parents is a child.

Abusive parents may view their child as a "transference object," a substitute for parental nurturance (Spinetta & Rigler, 1972). What could be more natural than for such parents to look to their own child for the same need fulfillment they were expected to provide their parents (Blumberg, 1980). With the birth of a child, this destructive role reversal is accomplished and the cycle continues.

Another genre of role reversal occurs when parents perceive themselves as victims and the child as villain. The parents imagine that the child is big and powerful and that they are weak and helpless. The abusive parent views the child as a culprit who provokes the incident by soiling diapers, spilling food, or willfully frustrating the parent. The parents rationalize their abuse and believe that if only the children would behave, they would not be forced to take the extreme measure of physical assault (Ebeling & Hill, 1975).

Perfectionism and Feelings of Inadequacy

Abusive parents will not tolerate anything less than precise compliance from their children. As children, these parents were expected to be perfect in a milieu that had changing definitions of what perfection meant. They were required to anticipate parental needs and whims, making sure the parent's desires were satisfied (Rosen, 1979). Abused children are supposed to conform entirely to the parent's wishes in a world infected with violent outbursts and unknown rules about everything (Cameronchild, 1978). Even an accident such as breaking an object may be misunderstood and met with blows (Belskey, 1980). Because the caretakers often expect the impossible from their children, no one can ever measure up to what is demanded of them. These youngsters are criticized, rejected, and made to feel like worthless failures (Rosen, 1979). They develop low self-esteem and display inadequate and insecure feelings (Ebeling & Hill, 1975; Kinard, 1978/1980).

Parental models are also very insecure. In 29% of the child abuse cases investigated for a recent study, one or both parents had attempted suicide (Roberts & Hawton, 1980). Abusive parents make more repeated suicide attempts within 1 year after they attempt suicide than do others of the same age who attempt suicide.

To compensate for their poor self-concepts, child abusers hope to have a child of their own who will be so perfect and supportive that they will feel

better about themselves. The children are incapable of achieving the unrealistic prerequisites they inherit from birth, so the dejected parents take out the inevitable disappointments and anger on the children. To raise their self-esteem, the parents are driven to blame someone else for personal inadequacies. This "someone" is often their own child, who is blamed constantly for not being perfect. The child becomes the established scapegoat in the family (Helfer & Kempe, 1976).

Child abusers are prone to expect perfection from themselves as well as their children. Frequently, the parent demands rigid standards of neatness and order (Derdeyn, 1977). Because of the parents' penchant for faultlessness and their haunting feelings of personal inadequacy, even a child's crying can be misinterpreted as an accusation of poor parenting skills.

Negative Concept of the Child

Abusive parents may see their child as a demanding, scheming, willful ingrate. Sometimes the seed for this negative concept is planted even before birth. The mother may be upset about an unplanned pregnancy or she may be carrying a child that is the product of a rape or an adulterous liaison (Guyer, 1979).

After the birth, the child may be despised because of illegitimacy or may be "type cast" if he or she resembles someone repulsive to one of the parents (Kempe & Kempe, 1978). Children may be born with a congenital disease or a mental or physical handicap, features that arouse intolerable anxiety in the parents, who promptly alienate themselves emotionally from the child. A financial crisis may begin life for the child in a negative fashion (Cameronchild, 1978).

Shortly after birth, the child may be presumed to be the source of marital conflict, especially when one spouse believes the child is depriving this person of the other's attention (Kempe & Kempe, 1978). As children grow older, parents may ascertain that they have behavioral problems or are intentionally splitting the parents and for these things they must pay dearly, regardless of how erroneous the parents' assumptions may be (Charles, 1979/1980; Kempe & Kempe, 1978).

Sanctioning of Corporal Punishment

The Department of Health, Education, and Welfare in 1975 reported that abusive parents have a righteous belief in the intrinsic value of harsh physical punishments as an avenue to prevent the spoiling of children (Williams &

Money, 1980). Many abusers actually conclude that children deserve a beating for their misdeeds (Ebeling & Hill, 1975). It is as if the parent takes the social sanction of corporal punishment as a license to abuse (Blumberg, 1980). Frequently, abusive parents experience an unreasonable fear of overindulging their children. Any action acknowledged as a glimmer of sinfulness in the child represents a trend toward corruption and must be dealt with swiftly and often physically (Kempe & Kempe, 1978).

Abusive parents often implement severe physical punishments under the guise of discipline. Discipline, however, is designed to teach a child a moral lesson or an important principle; abuse, on the other hand, is a means of releasing aggressive tension (Ebeling & Hill, 1975).

The issue of power and control is a vital ingredient in an abusive system (Ebeling & Hill, 1975). Defiance will not be tolerated (Belskey, 1980). The parents are willing to go to almost any length to ensure absolute obedience from their children. Furthermore, they convince themselves that it is their duty to physically reprimand their children, even if it entails almost killing the child (Belskey, 1980). To them, physical punishment seems to be an appropriate and valuable medium for solving conflicts (Blumberg, 1980).

In addition, a particular occasion of explosive aggression is often the culmination of a long period of tension (Williams & Money, 1980). Justice and Justice (1976) argued that life crisis is the chief stressor in abuse cases. Others have suggested that internal conflict, unhappiness, and a strong dislike of self create such an inward battleground than any small incident is liable to ignite the internal dynamite (Belskey, 1980). Still others have intimated that financial difficulties, illness, marital discord, unemployment, and a lack of immediate support by social service agencies are responsible for provoking abuse (Ebeling & Hill, 1975; Williams & Money, 1980).

Whatever the particular stressors may be, the actual circumstances of uncontrolled physical violence are often symbolic of displaced aggression. The parent is unable to confront a person or situation and thus liberates his or her rage by hitting a child.

Implications for School Counselors

Understanding the psychological components of the child abuser and the effects on the child can be very helpful for the school counselor. Although counselors do not interact with parents as much as they do with children, it is important to look for clues in parents if child abuse is suspected or to follow up on parental statements or actions that may indicate abuse. Possibly more important is being aware of the subtle behaviors that "borderline" children may exhibit, including

consistent, self-defeating statements, withdrawal, the obsessive need for affection, or behaviors that may not be obvious unless one takes time to investigate.

Because school personnel report only 15% of all abuse referrals on a national level (Camblin & Prout, 1983), we hope that counselors fail to notice abuse because of a lack of knowledge rather than a deliberate avoidance of the problem. In support of this hypothesis, Camblin & Prout (1983) indicated that states that reported a high number of abuse cases had a more comprehensive child abuse informational program in their schools than did other less responsive states.

The counseling literature has included discussions regarding the concern of mental health officials that school personnel are only reporting obvious cases of abuse and are not making a conscientious effort in the area (Broadhurst, 1978; Camblin & Prout, 1983). Conversely, in our workshops and discussions with school personnel, we have found that many school counselors feel inadequate regarding their knowledge of child abuse and also do not believe that human service agencies are responsive to their needs or to those of the child when abuse is reported. If human service agencies and school personnel were more cooperative in both their efforts and their training programs, perhaps some of these problems could be eliminated.

We have found that in addition to reporting suspected child abuse and referring cases to the appropriate sources, school counselors can be very helpful in the prevention and treatment of abuse within the school setting. Some examples of preventive measures that we have seen as effective include:

1. Development of programs for students can span a broad spectrum—from informal discussions in the classroom to group counseling sessions with abused children.
2. Educational programs about child abuse can be helpful to students. If counselors openly share their concerns in this area, students and faculty members may feel more comfortable about sharing any difficulties they are experiencing. Sometimes knowing a person is interested enables a child to share difficult problems. Recent media and video materials can be helpful in this area.
3. Providing inservice programs to teachers and administrators can help individuals become more cognizant in this area. Because child abuse can be "psychologically" painful for the teacher, counselors can help teachers better cope with this dilemma. Special programs developed for parents can also be valuable. Community support can be vital to successfully working with abused children. In our local school district, for example, the theater department of the university developed a play centered on child abuse and incest. It has been well received and provides information in a nonthreatening manner. In addition, the

authors have helped both mental health and school counselors to develop an assertiveness training and awareness program. Children are taught how to be assertive rather than aggressive and what they can do or who they can talk to about problems if they are being abused.

4. School counselors need to constantly upgrade their skills if they are to be effective in an educational system. Courses in marriage and family processes, parenting, and child development are but a few that can be of critical value to counselors seeking to understand abusive families.

This article is not designed to explore in detail the various therapeutic approaches used with abusive families. Some school counselors, however, have been successful in working with this type of situation by using a family therapy or systems approach. The counselor's role in this situation is to teach the parents and children new ways of relating and re-educating the parents to assume a more normal parental role. In most cases, however, the physically abusive family system needs structured and intensive psychotherapy, and referral to a more appropriately trained professional is the recommended course of action.

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A Preventative Approach to Child Sexual Abuse

Ann Vernon
Jill Hay

Although school counselors are becoming more aware of the need to help protect children from sexual assault, their role has focused primarily on identification, reporting, or crisis intervention (Anderson & Griffin, 1981; Colao & Hosansky, 1983). Although the significance of these roles must not be discounted, Colao and Hosansky (1983), Fontana (1982), and Hitchcock and Young (1986) advocated a preventative approach to sexual abuse, stressing the importance of equipping children to deal more effectively with issues of this nature that they may be forced to confront.

According to Hay and Struck (1986), the goals of a preventative sexual abuse curriculum include sensitizing children to issues involving touch, feelings about sexual assault, assault by strangers as well as persons known to the child, and strategies for protecting oneself and coping with the situation. Harms and James (1982) cited the need for preventative sexual abuse programs that address self-protective aspects as well as broader issues related to assault. Hitchcock and Young (1986) noted that "elementary school counselors are in a unique position to develop and provide such prevention programs" (pp. 201–202).

In this article we describe a sexual abuse prevention program that we developed and implemented. The program, designed for children in Grades 1 through 6 and implemented the first year in Grades 2, 4, and 6, included lessons on six different components of sexual abuse.

Implementation Process

This program was specifically developed for a small rural district in Iowa, Belle Plaine Community School. The need for such a program was felt by the second author, an elementary counselor who asked to counsel several children who had been sexually assaulted. In working with these children she was concerned about how to help them work through this traumatic experience and believed that if they had been aware of different kinds of touch, how to say no, or their right to protect their bodies, they might not have been sexually abused.

In following up on this concern, the elementary counselor discovered that if any prevention was occurring in the school, it was more of a "stranger-danger" approach and not perceived to be highly effective. She requested a meeting with the principal and teachers to discuss further the perceived problem and possible interventions. The counselor presented information on child sexual abuse as a significant problem (Fontana, 1982); the physical, emotional, and behavioral indicators of abuse (Landau, 1983; Williams, 1981); myths about the offender always being a stranger (Williams, 1981); and the psychological harm to victims (James & Nasjleti, 1983). Because several children in the district had been assaulted, the information seemed relevant, and faculty and administration agreed that some type of prevention program should be implemented. The counselor was advised to pursue various possibilities.

The elementary counselor reviewed several existing programs offered by community agencies. None of these programs were adopted for use because of one or more of the following disadvantages: (a) cost was prohibitive, (b) the focus was too narrow and failed to address broader issues such as self-acceptance and feelings, and (c) most consisted of a one-time-only presentation with little discussion or follow-up.

Additionally, the counselor was concerned about an outside resource person who had no rapport with the children coming into the school to discuss sexual abuse issues. She believed that she could present the program more effectively and decided to develop her own program, which could complement the existing affective education program as well as address sexual abuse specifically.

Before implementation, a letter was sent to all parents discussing the rationale for a sexual abuse prevention program and describing the specific components, lessons, and reinforcement ideas for home use. Because of the rapport the counselor had established with the children as well as parents and the positive support of the elementary school counseling program, no concerns were raised by the parents.

Program Components

To develop the program, the first author contacted the second author at the university. Together we reviewed the sexual abuse literature and analyzed the myriad of associated topics and implications for children. Upon completion of this task, we determined that the areas commonly identified as essential components included awareness of body parts and touch, decision-making (coping) strategies, assertive communication skills, and people who can offer help. In addition, we believed there was a need to include something on awareness and expression of feelings associated with sexual abuse and issues of acceptance of self and others (i.e., offender).

Self-Acceptance

Although this topic seems to be lacking in preventative sexual assault programs, we believed that the issue of accepting oneself as worthwhile after the assault needed to be addressed. Because of the guilt and self-blame resulting from assault, it seemed important to emphasize that the child is still a worthwhile person despite the abuse. As Colao and Hosansky (1983) pointed out, children who feel good about themselves find it easier to stand up for themselves; thus an emphasis on general self-esteem topics in a sexual abuse program is likewise relevant. In addition, some emphasis on the worth of the offender is important; the perpetrator is usually a confused person with problems. This understanding may help children deal with their own confused or negative feelings toward the offender in a more realistic way, especially if the offender is a significant other.

Feelings

In abusive situations, children are likely to experience fear, sadness, anger, guilt, shame, confusion, or helplessness and powerlessness (Kraizer, 1985). Because of these overwhelming feelings, abuse victims and children in general need to develop feeling vocabularies, learn that negative feelings are okay and natural, learn how to express feelings appropriately, and understand that feelings change over time. Perhaps prevention programs that focus on these aspects will better equip children should they encounter a sexual abuse situation.

Body Parts and Touch

Often children are forced to give or receive hugs when they might not feel comfortable because of who does the touching or where the person touches. If children can distinguish between what feels comfortable and uncomfortable, can label body parts and differentiate private from public parts, and can adequately discriminate between appropriate and inappropriate sexual behavior, this may help them learn when to say no to inappropriate or uncomfortable touch (Kraizer, 1985).

Decision Making

Obviously children need to be able to make decisions in order to protect themselves. Decisions involving personal safety, trust, reporting, and coping are critical issues. Helping children weigh alternatives and consequences is an important skill that could help a child avoid or prevent a sexually abusive situation (Crane & Lenett, 1985).

Assertion

"No" is perhaps the most important word a child can say if confronted with a person who is trying to get them to do something uncomfortable. Children have been taught to respect authority, to cooperate, and not to talk back to adults (Crane & Lenett, 1985). Therefore, it is extremely important to help them understand their rights as related to the privacy of their bodies and to touch. Additionally, children need to be taught appropriate times and ways to say no (Crane & Lenett, 1985).

Helpers

An essential component of a preventative program is that of educating children about who to tell and where to go for help (Kraizer, 1985). When a child has resources at hand, anxiety is often reduced, In addition, children need to know that if one adult does not listen, they should keep telling until someone listens and takes action. Although information of this nature is not presented to alarm children, they do need to be aware that there are potentially dangerous situations and that knowing who can help is a way of being prepared.

The topics outlined in each component were developed into three activity clusters for children in Grades 1 and 2, 3 and 4, and 5 and 6. Activities were introduced the first year in Grades 2, 4, and 6; additional activities will be written so that next year each grade level will have a separate set of activities for each component. An example of one activity for each component follows.

Activity Summary

Self-Acceptance

"Mistakes" (Grade 4). This activity begins with a general discussion on mistakes. The leader and children share examples of mistakes that they have made, emphasizing the fact that making mistakes does not mean one is a bad person. Following this discussion, a short story that we developed is read. The story focuses on how a child receives a confusing touch from her stepfather and then is upset with herself because by not telling anyone, she was not able to prevent this from happening to her younger sister. Follow-up questions reinforce the concept of being vulnerable and confused and doing the best that one can at the time.

Feelings

"Express It" (Grade 6). Hypothetical situations are read, and students are asked to describe how they would feel if that happened to them and how they might

express the feeling. Discussion focuses on how feelings are or are not expressed and how people may react differently to the same experience.

Examples of situations presented to the children are:

1. Someone stands behind you in line and tries to touch you on a private place on your body.
2. An older brother or sister keeps walking into your bedroom without knocking while you are dressing.

Body Parts and Touch

"It's Me" (Grade 4). To introduce the private parts of the body, children are given an outline of a child's body. Each child fills in their outline including eyes, ears, hair, and nose. They should put their person in a swimsuit appropriate for their sex. Discussion should focus on private body parts, parts of the body that people do not see or touch, and parts of the body that are not private that are okay for others to touch if the child gives permission.

Assertion

"I Can Do It" (Grade 2). Students are divided into small groups and roleplay the following situation as their favorite television, comic book, or movie hero: "You are playing in the park when someone you do not know very well asks you to go for a ride. You are trying to decide what to do when your hero appears and helps you out of the situation." Discussion focuses on how their heroes handled the situation. The leader presents the idea that in real life a super hero will not appear and the child will have to handle the situation. Discussion can then compare how the heroes might handle the situation with how the students would cope.

Decision Making

"What Do You Do?" (Grade 2). This activity is introduced by discussing the fact that there are usually several choices a person has when confronted with any situation and that it is important to think about which choice is the best one. The leader reads specific situations to the children and asks them to discuss the best choice with a partner. The children then share their responses and reasons for their decisions.

Sample situation and choices: "It's getting dark and you are in a hurry to get home. You are supposed to be home by 8:00 and it is 7:55. If you are late you'll be grounded. What do you do?"

1. You take a shortcut through an unlighted alley. By doing this you will get home on time.

2. You walk home on a lighted street. By doing this you will be late.
3. You ask for a ride home from someone you've seen before in town who is driving by. By doing this you will get home on time.

Helpers

"*Who Helps?*" *(Grade 4)*. As a class, the children list all of the people who may at some time have a chance to touch them (i.e., counselor, teacher, minister, parent, friend). The children then think of one person who has touched them in the past week and to recall how they felt about that touch. The leader discusses with students who they could go to for help if the touch they received felt uncomfortable. Discussion includes the consequences of asking for help and appropriate actions to take if the person does not listen or believe the story.

Reaction

Children seemed to be very responsive to the program and were comfortable discussing the topic of abuse. Although no formal evaluation was conducted, teachers noted that children seemed to welcome the chance to discuss appropriate reactions and safety precautions and seemed willing to identify and discuss different types of touch, ways to ask for help, and assertive ways to say no.

In addition, to the students, the staff was accepting of the material and lessons. During the lesson presentations the teachers became more aware of the topic and were able to reinforce various aspects about touch in the classroom and on the playground.

Parental response was also positive. The parents were comfortable with the content of the program, and some requested that the topic be covered every year in every grade. Another benefit of the program was that two parents shared with the second author information about their children's sexual victimization and asked that she work with their children.

Conclusion

The activities in this article illustrate an approach that informs children about various aspects of child sexual abuse. Elements of sexual abuse within a preventive program encourage children to be more alert to potentially dangerous situations and the possible outcomes of those situations. As children learn to identify the issues and discover that there are ways to deal with this problem, they become less vulnerable and better able to help themselves physically and

psychologically. As professionals dedicated to the promotion of healthy youth, the counselors' role in the prevention abuse programs is very significant.

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Counseling Child Sexual Abuse Victims: Myths and Realities

Lynn W. England
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The goal of the authors is to (a) create an awareness among counselors about the nature and prevalence of child sexual abuse, (b) examine myths and realities about the topic, and (c) present recommendations for interviewing suspected victims of child sexual abuse.

Reports of child sexual abuse continue to rise, and, in all probability, many more cases go unreported (Conte, 1986). Counselors often feel unprepared, however, to work effectively with sexually abused children; the existence of various myths and misinformation further compound the problem. Perhaps significantly, a computer search we recently conducted using various child sex abuse headings revealed that most citations were found in social work and medical journals. Few were in counseling journals. Therefore, the purpose of this article is threefold: (a) to enhance counselors' awareness about the nature and prevalence of child sexual abuse, (b) to examine myths and realities about the topic, and (c) to present some recommendations for interviewing suspected victims of child sexual abuse.

One of us (Lynn England) has worked as a child abuse coordinator for the army and now works in a similar position in a state department of mental health. The other (Charles Thompson) is a counselor educator specializing in counseling children. Our total caseload experience with clients involved in child sexual abuse includes over 120 children, 70 adult female victims, and 40 male offenders.

We have identified, through our work with numerous counselors, teachers, parents, and children, six sexual abuse myths. Each is discussed below.

Myths and Realities

Myth Number 1

Incest rarely occurs, but when it does it is found primarily in poorly educated families of low socioeconomic status.

In 1984 there were 100,000 reports of child sexual abuse; however, this figure may be a gross underestimate of actual abuse. Depending on the particular

study, between 15% and 38% of women have been sexually abused as children; the number of male victims, also high, is often cited at 10% (Conte, 1986). It is generally accepted that 1 of every 4 girls and 1 of every 7 to 10 boys will have some kind of sexual encounter with an adult before reaching age 18 (Seattle Institute for Child Advocacy, 1985). Peters, Wyatt, and Finkelhor (Finkelhor, 1986) conducted an in-depth study of the prevalence of child sexual abuse in North America. They found considerable variation in the prevalence rates based on existing studies. The ranges were 6% to 62% for girls and 3% to 31% for boys. Further support for this wide range of figures can be found in Wyatt and Peters (1986), Wyatt (1985), and Finkelhor and Hotaling (1984). Is is suspected, however, that actual rates of child sexual abuse are much higher.

Professionals have been aware of child sexual abuse for some time. Brown (1979), for example, stated: "The literature during the 1950's and 1960's shows the sexual misuse of children was a noticeable clinical entity in psychiatric clinics before it became an issue under child protective laws" (p. 435). It must be remembered that the above estimates are based on reports and that the actual number of incidences is probably much higher. Child sex offenders know no social class or educational boundaries, and it seems that differences in the ethnic compositions of samples do not affect prevalence rates (Finkelhor, 1986).

Myth Number 2

Child molesters are attracted sexually to their victims.

Many prominent writers in the field believe that sexual assault of children (and other persons) is an act of power rather than sex. Groth (1979) described it as the sexual expression of power and anger. Sgroi (1982) pointed out that even though *pedophilia* is defined in textbooks as a sexual variation, individuals who are sexual offenders against children do not seem to be motivated primarily by sexual desires. Instead, they tend to engage in sexual behaviors with children in the service of nonsexual needs, especially the need to feel powerful and in control.

I (Lynn England) have found similar trends in my treatment of sex offenders. Often, I discover that my adult male clients have been experiencing emotional valleys in their lives. Literally nothing was going well for them in their work, interpersonal relations, and feelings of self-worth. They turned to controlling a child to once again feel powerful. As with adult rape, sex was used as a controlling tool. These offenders have been described as regressed pedophiles (Mayer, 1985). An exception to the above rule and infinitely more rare is the fixated pedophile, a male molester whose emotional and psychological development was arrested at an early age, often at the age when he was molested (Mayer, 1985). This is the stranger that we constantly remind our children to avoid. The fixated pedophile *is* sexually attracted to children

(usually of the same sex) and is not motivated by power needs (Burgess, Groth, Holstrom, & Sgroi, 1978). As are other forms of sexual deviance (American Psychiatric Association, 1987), pedophilia is addictive (Burgess et al., 1978; Carnes, 1983).

Myth Number 3

Most child molesters are strangers (unknown) to their victims.
Perhaps this is the most difficult reality to accept. Unfortunately, most sex offenders are related to their victims. According to a Committee for Children report (Seattle Institute for Child Advocacy, 1984), in 80% to 90% of the cases the offender is someone the child loves and trusts. In nearly one-half of the cases in which the child knows the offender, this trusted adult is a father or stepfather. The known offender exploits the child's innocence, dependence, and eventual fear. Between 20% and 30% of the offenders are in the child's immediate family (brothers, uncles, grandfathers, and cousins) (Finkelhor, 1979; Pierce & Pierce, 1985; Sgroi, 1982), leaving an estimated 10% to 20% known but not related to the child (e.g., baby-sitters, youth leaders).

It can be assumed, therefore, that so-called "stranger" child molesters are quite rare. Rather, they are people we know, those we see at the grocery checkout lane or in the next church pew. The vast majority of all offenders are men. According to most estimates, men constitute well over 90% of the sex offender population (Finkelhor, 1979, 1984; Mayer, 1985).

Myth Number 4

Child sexual abuse is a modern phenomenon, probably resulting from the sexual revolution.
Children have been sexually victimized by adults for centuries. In fact, Finkelhor (1979) found that it was quite common for adults to be sexual with children in the 16th, 17th, and 18th centuries in Europe.

Perhaps counselors can learn a valuable lesson from one interpretation of Freud's experience with his sexually abused patients. Freud accurately recognized the descriptions of his female patients as sexually abusive episodes perpetrated by fathers and brothers, but he could not accept the reality of the shockingly large number of reports that he heard. Ridicule and scorn from his colleagues in Vienna apparently influenced Freud to sublimate his patients' realities into his well-known Oedipus complex theory. Probably, it was much easier to believe that children unconsciously wanted or desired their opposite-sexed parent than to believe that they were actually in sexual contact with them. Freud was one of the first victim blamers and set a precedent for not believing patients' reports of childhood sexual experiences (Finkelhor, 1979).

Child pornography also flourished during the Victorian Era. One of the more famous child pornographers was Charles Lutwidge Dodgson (1832-1898), a clergyman (deacon) at Oxford University's Christ Church College. Dodgson kept exacting descriptions of his photographs in his diary. His first entry was dated May 21, 1867, where he referred to photographing a nude, 6-year-old girl. Dodgson abandoned his hobby in 1880, apparently to avoid scandal. After his death, portions of his diary were deleted by his nephew to avoid further notoriety. Dodgson's artistic talents were not limited to photography, however. He was also a fiction writer and authored many books. One of his favorite characters was a young, innocent girl named Alice who was taken on some very unusual journeys, to say the least. Dodgson's pen name was Lewis Carroll (Tyler & Stone, 1985).

Because of the "sexual revolution," we now have pornographic material readily available in magazines and videocassettes. Childhood prostitution is rampant. Of the estimated 600,000 children involved in child prostitution in the United States, 50% are male. Of the pornographic material (called kiddie porn), 7% involves the graphic, pictorial display of adults engaged in sexual activity with children or children with children. Many of the children photographed were and currently are victims of pedophiles who had lured them into this activity (Mayer, 1985).

Pedophiles have devised sophisticated organizations and networks to further their cause. The credo of the Rene Guyon Society is, "Sex before eight or else it's too late." The Childhood Sexuality Circle (CSC) exchanges child pornography, and its members send each other detailed descriptions of their victims and activities. The North American Man/Boy Lovers Association (NAMBLA) has proposed that "adult society has neither a moral nor legal right to limit a child's selection of sexual partners." The British Pedophile Information Exchange (PIE) advocates the lowering of the age of consent for sex to age 4 (Mayer, 1985).

Myth Number 5

The sexual abuse of a child is usually a single, violent incident.

Again, it may be easier to believe those incidents where adults under the influence of alcohol or other drugs commit a violent act similar to adult rape. Reality is quite different. There are more sexual adult-child contacts involving fondling, oral sex, masturbating, and exposing than incidents involving penile-vaginal or anal intercourse. The entire continuum of sexual activity is defined as abusive if it involves adults with children (Finkelhor, 1979; Sgroi, 1982). The classic dynamics of incest described below are seen in case after case.

According to Sgroi (1982), incest follows some common dynamics or phases. Beginning with the engagement phase, it moves through sexual interaction, secrecy, disclosure, and the repression or recantation phases.

During the engagement phase, the child is gradually taught (conditioned) to accept sexual acts. This teaching is done in a loving fashion for the most part. Human beings are not born with a working knowledge of sex. Some offenders often go so far as to instruct children about what to say and what noises to make.

The sexual interaction phase includes a variety of sexual acts, progressing from exposure to vaginal or anal intercourse. Soon the offender will realize the consequences of being discovered and begins threats, bribes, or coercion to keep the child quiet. This secrecy phase keeps him safe and allows the abuse to continue so that he can still feel powerful and in control.

If child victims tell, the abuse is likely to stop, but they may recant when pressure is applied. In reality, however, most children do not tell, and the abuse continues until they are physically able to leave home.

Myth Number 6

Children frequently make up stories about engaging in sexual activities with adults.

There is a general consensus in the literature that children simply do not lie about being abused. Herman and Hirschman (1980), in a review of the literature, found that over 99% of children were truthful in their reports. Great psychological harm is done when a professional does not believe a child (Finkelhor, 1979, 1984; Mayer, 1985; Sgroi, 1982).

Those of us who work with children would probably be very suspicious of a child who confessed to breaking school rules. We assume that children tell stories (lie) to stay out of trouble, not to get into it. Yet, as a rule, we want not to believe when we hear of the sexual abuse of a child.

During the secrecy phase, many threats are made to children to keep them quiet. Violence, disbelief, the breakup of the family, public ridicule of the child, and jail for the offender are some of the more common threats made to the child: If they tell, it will be their fault if their father, stepfather, uncle, or brother goes to jail. Such threats tend to foster enormous amounts of guilt for the child to bear. Many children recant after they realize that most of the threats made to them are actually coming true. Counselors must be aware of these dynamics and anticipate them.

It is not surprising, then, to realize that most sexually abused children grow into adulthood and carry the secret with them their entire lives (Finkelhor, 1979). According to Giarretto (1978), there is a strong tendency for the existence of sexual abuse histories in adult women receiving psychiatric treatment.

For example, he found that of 160 women in treatment for sexual dysfunction, 90% had been sexually abused as children and 23% had been involved in incest with their fathers or stepfathers.

As a result of her personal experiences as a therapist, Mayer (1985) believes that the following effects of not disclosing sexual abuse are far reaching. Victims tend to be indiscriminate or promiscuous in their choice of partners. Also, they are more likely to marry an abuser. Forgotten or repressed episodes of childhood incest may manifest themselves in destructive or self-destructive behavior in adulthood. Tragically, over 70% of female drug addicts and prostitutes were sexually abused as children, and men molested in childhood have a high probability of becoming molesters themselves.

The validation of child sexual abuse is a complicated process and is best left to child protective workers. All states now legally require a good faith report of suspected child sexual abuse. The counselor who possesses a good understanding of sexual abuse dynamics should feel confident in reporting suspected sexual abuse cases.

Counseling Sexually Abused Children

Counselors have the opportunity to become primary advocates for sexually abused children (Erickson, McEvoy, & Colucci, 1984). In many cases, the counselor may emerge as the only trusted adult in the abused child's world. When disclosure occurs, counselors may find themselves in a very unfamiliar position as they try to cope with bizarre and unfathomable descriptions of adult sexual behaviors toward children. A child's story of emotional and personal involvement in incest or molestation often fosters denial as an adult reaction (Finkelhor, 1979; Groth, 1979).

Should counselors find themselves involved in counseling sexually abused children, care should be given to both the setting and interview methods chosen. As in any counseling interview, special consideration needs to be given to building trust and rapport with the child. Based on their personal experience, Thompson and Rudolph (1983) believe that abused children are not easy clients. These children have learned not to trust themselves and other people because they have been hurt by the inconsistent behavior of the adults in their lives. In working with sexually abused children, the relationship of trust between counselor and client becomes even more critical.

In regard to the interview setting, children respond better to playroom and informal settings than to office-type atmospheres. Cheerful colors, thick carpets, beanbag chairs, floor pillows, anatomically correct dolls, puppets, doll houses, art materials, and other assorted, age-appropriate toys can assist the counselor in

building the trust and cooperation needed for effective communication. Also, the playroom is less threatening and should help children feel safe and in control. Counselors have a better opportunity to observe children in their own environment in the playroom setting. Play is the natural medium for communication and self-expression for children. It may even help, before beginning the interview, to say to preschool children, "Let's go to the playroom (or my room) where I keep my toys." Of course, older children and adolescents would not respond well to a playroom designed for younger children. It is necessary, however, to maintain an informal atmosphere that communicates to the victim the message, "You are not in trouble." Just the reverse is true for the offender, who needs the more formal office setting to get the message, "I'm in trouble and I need help."

Questions that can be answered with a yes or no often are answered "no." For example, in response to a question such as "Would you like to go to my office and play with some toys?" the preschooler may wish to remain with Mom and say no. Because it is necessary to conduct the interview in private, toys may help younger children separate from their mothers for the duration of the interview.

After entering the playroom setting, sit next to the child rather than behind a desk or table. Speaking in a language that he or she understands, you might begin by explaining what you want to do in the interview (e.g., "I would like to have you tell me about your family" or "I would like to have you tell me about other people you know"). The puppets, dolls, and doll house can be helpful to children in describing their family, their acquaintances, and their typical day. Counselors often must help younger (toddlers) select toys appropriate for their stage of development. Again, in speaking in a language understandable to children, we have found it helpful to know how children refer to their genitals. Use of these genital nicknames makes children feel more comfortable in talking about their bodies.

Care must be taken to teach sexually abused children that what happened to them was not their fault and that they are not wrong for telling what happened. During a recent interview with a 6-year-old girl who had difficulty keeping her hands off other children during weekly group guidance meetings, the counselor was able to identify sexual abuse by the girl's 14-year-old brother when she was able to help the girl feel less guilty about what had occurred. During the interview it became apparent that the girl was replicating at school a "game" she played with her older brother. When the counselor asked her if her brother touched "down there," she said no. When the counselor rephrased the question and asked "Does he do it some of the time?" she replied yes. Following the "some of the time" style of questioning, the counselor was able to get a clear picture of the nature of the sexual abuse and referred the case to the Department of Human Services.

Ask children to clarify words, phrases, nicknames, pronouns, and other verbal and nonverbal expressions that you do not understand. Use proper names rather than pronouns that could confuse the child. Be sure to limit your interview comments and questions to one thought at a time with preschool children. Although you may need to reinforce each interaction that children make, allow them to tell their own story about what happened without leading them into telling what they think you want to hear. Leading or closed questions should be avoided. For example, asking "Did your daddy touch your private parts?" is grossly leading and therefore unacceptable. Children will tend to give the answer they believe you want. Rather, a question such as "Can you tell me about a time something happened to you that made you feel funny or uncomfortable?" allows the child to answer without being led. It is best to avoid "why" questions because such questions have been overused in situations where parents and teachers have tried to trap children into confessions about misbehavior. Thus, "why" questions tend to put children on the defensive.

The interview also can be damaged if the counselor displays shock and disapproval of the child, the parents, or the content of the story. The counselor can be most effective by maintaining a neutral but empathic position of a listener, summarizer, and clarifier. Three things need to be done as you close the interview. First, without overinforming, tell children how the information given will be used. Second, explain what will happen next. Third, thank them for helping you with such a problem. For in-depth discussion, readers are referred to Sgroi's (1982) excellent suggestions on interviewing.

Unfortunately, false reports do occur. Recently, a falsely accused psychologist (whose career had been ruined) received national attention on a television news program. In this case, the accusation had come from an ex-wife rather than a child. Extra caution should be used when handling adult disclosures (Grayson, 1986; Pierce & Pierce, 1985). The motives for these reports may be squabbles with neighbors, custody battles, dislike for a teacher, and so forth. Of course, all adult disclosures are not invalid. It is a sad reality that along with a raised public awareness of sexual abuse comes the notion of using it as a weapon.

Summary

We have reviewed the current literature on child sexual abuse as a way of defining some myths and realities about the topic. In general, we found support for the following conclusions: (a) child sexual abuse is more common than many people believe, (b) sexual attraction is not the primary motive for most child sexual abuse, (c) most child molesters are known to their victims, (d) child sexual abuse is not a reflection of the sexual revolution, (e) child sexual abuse is

most often part of a behavior pattern between the adult and child rather than a single, violent incident, and (f) children tend to be truthful about their self-reports of sexual abuse.

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Chapter 4
Counseling Issues in a World of Child Abuse and Neglect

Issues for elementary school counselors to consider about a world of child abuse and neglect:

1. How can elementary school counselors serve as advocates for victims of child abuse and neglect?
2. What are some of the main community resources that counselors can use to help child abuse victims?
3. Play therapy is a means that may help children to express their feelings about sexual abuse. Consider how an elementary school counselor might use play therapy to counsel a sexual abuse victim. How might puppets be used in these play therapy sessions?
4. What steps should counselors follow in planning a parent support group to prevent child abuse?
5. What is the most important legal information counselors need to have about reporting child abuse?
6. How can you identify children that may be experiencing abuse at home? What steps must you follow to help these children?
7. Every state has passed legislation dealing with child abuse. Obtain a copy of the law in your state. Consider how well your school system is following the law.
8. What are some of the main characteristics of adults who physically abuse children?
9. Some people believe that corporal punishment is little more than physical abuse. How do you feel about corporal punishment? What are some of the key issues involved?